



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-2020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$90545515
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$90545515

2. Deductions From Revenue

Contractual Allowance	\$58764254
Other Deductions	\$0
Total Deductions	\$58764254

3. Total Operating Revenue

Net Patient Service Revenue	\$31781261
Other Operating Revenue	\$82179
Total Operating Revenue	\$31863440

4. Operating Expenses

Salaries and Wages	\$10761744	Employee Benefits	\$2801393
Depreciation and Amortization	\$1025998	Interest Expense	\$0

Bad Debt	\$170325	Other Expenses	\$13504036
Total Operating Expenses	\$28263496		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3599943	Total Assets	\$18239253
Net Non-operating Gains over Loss	\$-60176	Total Liabilities	\$5685896
Total Net Gains	\$3539767		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$65936354	\$49710363	\$16225991
Medicaid	\$3778717	\$2944963	\$833754
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20830444	\$6108928	\$14721516
Total	\$90545515	\$58764254	\$31781261

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$17168	\$-17168
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$2727	\$-2727

Number of Medical Professionals Trained	\$346
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$63

Statement Six: Charity Statement

Hospital Charity Charges	\$418377
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$86978	
HCI Payments	\$0		
Subtotal	\$0	\$86978	\$-86978
Medicaid Shortfalls	\$390835	\$1168074	
Subtotal	\$390835	\$1255052	\$-864217
DSH Payments	\$0		
Subtotal	\$390835	\$1255052	\$-864217
Medicare Shortfalls	\$16378061	\$20382193	
Other Government Programs	\$0	\$0	
Total	\$16768896	\$21637245	\$-4868349

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3540	\$-3540
Community Assessment	\$0	\$20608	\$-20608
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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